



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

TRAFFIC CRASH REPORT						DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT					
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		LOCAL INFORMATION				2 0 2 6 0 1 2 6					
REPORTING AGENCY NAME * GARFIELD HEIGHTS PD						NCIC *		HIT/SKIP		NUMBER OF UNITS	
COUNTY * 1 8		LOCALITY * 1 - CITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				0 1 8 2 0		0 2	
CRASH DATE/TIME * 0 1 1 4 2 0 2 6 0 8 0 0						CRASH SEVERITY					
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 4 1 4 1 4 2 1 3				
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 480 E/B EXIT RAMP	ROAD TYPE H W	LONGITUDE DECIMAL DEGREES 8 1 6 5 6 9 1 4				
REFERENCE	REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED						
	1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE	DISTANCE	NUMBER OF APPROACHES									
CD/MH DECIMAL	UNIT OF MEASURE	ROADWAY									
1 - Miles 2 - Feet 3 - Yards		<input checked="" type="checkbox"/> ROADWAY DIVIDED									
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE				
0 1	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	7	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4	1 - DIVIDED FLUSH MEDIAN (4 FEET) 2 - DIVIDED FLUSH MEDIAN (4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN		
WORK ZONE RELATED		WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS		SURFACE		
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			1	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN		
ACTIVE SCHOOL ZONE		WEATHER									
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	2	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN								
NARRATIVE											
<p>DRIVER OF UNIT #1 WAS TRAVELLING ON SR 17 E/B</p> <p>APPROACHING THE IR 480 E/B EXITRAMP. UNIT #2</p> <p>WAS TRAVELLING NEXT TO UNIT #1 IN THE CURB LANE</p> <p>THAT IS MARKED/PAINTED FOR NO VEHICLE TRAFFIC.</p> <p>UNIT #2 MOVED TO TO THE LEFT AND SIDE SWIPED</p> <p>UNIT #1</p>											
<p>***Not to Scale***</p>											
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME			ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME			REPORT TAKEN BY	
0 1 1 4 2 0 2 6 0 8 0 0		0 1 1 4 2 0 2 6 0 8 0 1			0 1 1 4 2 0 2 6 0 8 0 9		0 1 1 4 2 0 2 6 0 8 4 0			<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME * Z. Kovessi			CHECKED BY OFFICER'S NAME * N. Rossi			<input type="checkbox"/> SUPPLEMENT (CORRECTION, ADDITION TEAM EXISTING REPORT, ETC) <input type="checkbox"/>	
0 1 1 4 2 0 2 6 0 8 0 0		4 5	8 4	OFFICER'S BADGE NUMBER * 0 5 5			CHECKED BY OFFICER'S BADGE NUMBER * S 1 3				

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)
0 2	TIMMONS TERRANCE			
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP			
3445	E 143 ST CLEVELAND OH 44120			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		

LP STATE O H	LICENSE PLATE # KBA4075	VEHICLE IDENTIFICATION # 5N1AT3B4MC780712	VEHICLE YEAR 2 0 2 1	VEHICLE MAKE Nissan
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY NATIONWIDE	INSURANCE POLICY #	VEHICLE COLOR BLK	VEHICLE MODEL Rogue
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0 3	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD	

1-PASSENGER CAR 2-PASSENGER VAN (MINIVAN) 3-SPORT UTILITY VEHICLE 4-PICK UP 5-CARGO VAN 6-VAN (9-16 SEATS)	7-MOTORCYCLE 2-WHEELED 8-MOTORCYCLE 3-WHEELED 9-AUTOCYCLE 10-MOPED OR MOTORIZED 11-ALL TERRAIN VEHICLE (ATV / UTV)	12-GOLF CART 13-SNOWMOBILE 14-SINGLE UNIT TRUCK 15-SEMI-TRACTOR 16-FARM EQUIPMENT 17-MOTORHOME	18-LIMO (LIVERY VEHICLE) 19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE 21-HEAVY EQUIPMENT 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23-PEDESTRIAN/SKATER 24-WHEELCHAIR (ANY TYPE) 25-OTHER NON-MOTORIST 26-BICYCLE 27-TRAIN 99-UNKNOWN OR HIT/SKIP
0 3	1 3			

# OF TRAILING UNITS				
---------------------	--	--	--	--

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 2	0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION	3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION	9-UNKNOWN
--	-----	--	---	-----------

SPECIAL FUNCTION	0 1	1-NONE 2-TAXI 3-ELECTRONIC RIDE SHARING 4-SCHOOL TRANSPORT 5-BUS TRANSIT/COMMUTER	6-BUS - CHARTER/TOUR 7-BUS - INTERCITY 8-BUS - SHUTTLE 9-BUS - OTHER 10-AMBULANCE	11-FIRE 12-MILITARY 13-POLICE 14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PATROL	21-MAIL CARRIER 99-OTHER/UNKNOWN
---------------------	-----	---	---	---	--	-------------------------------------

CARGO BODY TYPE	0 1	1-NO CARGO BODY TYPE / NOT APPLICABLE 2-BUS	3-VEHICLE TOWING ANOTHER MOTOR VEHICLE 4-LOGGING	5-INTERMODAL CONTAINER CHASSIS 6-CARGO VAN/ENCLOSED BOX 7-GRAIN/CHIPS/GRAVEL	8-POLE 9-CARGO TANK 10-FLAT BED 11-DUMP	12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN
--------------------	-----	---	--	---	--	---

VEHICLE DEFECTS	0 1	1-TURN SIGNALS 2-HEAD LAMPS 3-TAIL LAMPS	4-BRAKES 5-STEERING 6-TIRE BLOWOUT	7-WORN OR SLICK TIRES 8-TRAILER EQUIPMENT DEFECTIVE	9-MOTOR TROUBLE 10-DISABLED FROM PRIOR ACCIDENT	99-OTHER / UNKNOWN
--------------------	-----	--	--	---	---	--------------------

NON-MOTORIST LOCATION AT IMPACT	0 1	1-INTERSECTION - MARKED CROSSWALK 2-INTERSECTION - UNMARKED CROSSWALK	3-INTERSECTION - OTHER 4-MIDBLOCK - MARKED CROSSWALK 5-TRAVEL LANE-OTHER LOCATION	6-BICYCLE LANE 7-SHOULDER/RROADSIDE 8-SIDEWALK	9-MEDIAN/CROSSING ISLAND 10-DRIVeway ACCESS 11-SHARED USE PATHS OR TRAILS	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER / UNKNOWN
---------------------------------------	-----	--	--	--	--	---

ACTION	0 3	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN	1-STRAIGHT AHEAD 2-BACKING 3-CHANGING LANES 4-OVERTAKING/PASSING 5-MAKING RIGHT TURN 6-MAKING LEFT TURN	7-MAKING U-TURN 8-ENTERING TRAFFIC LANE 9-LEAVING TRAFFIC LANE 10-PARKED 11-SLOWING OR STOPPED IN TRAFFIC 12-DRIVERLESS	13-NEGOTIATING A CURVE 14-ENTERING OR CROSSING SPECIFIED LOCATION 15-WALKING, RUNNING, JOGGING, PLAYING 16-WORKING 17-PUSHING VEHICLE	18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE 99-OTHER / UNKNOWN
--------	-----	--	--	---	---	---

CONTRIBUTING CIRCUMSTANCES	0 9	1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED 6-IMPROPER TURN	7-LEFT OF CENTER 8-FOLLOWING TOO CLOSE/ACDA 9-IMPROPER LANE CHANGING 10-IMPROPER PASSING 11-RODE OFF ROAD 12-IMPROPER BACKING	13-IMPROPER START FROM A PARKED POSITION CLOSE/ACDA 14-STOPPED OR PARKED ILLEGALLY 15-SWERVING TO AVOID 16-WRONG WAY	17-VISION OBSTRUCTION 18-OPERATING DEFECTIVE EQUIPMENT 19-LOAD SHIFTING/ FALLING/SPILLING 20-IMPROPER CROSSING	21-LYING IN ROADWAY 22-NOT DISCERNABLE 23-OPENING DOOR INTO ROADWAY 99-OTHER IMPROPER ACTION
-------------------------------	-----	---	--	--	---	---

SEQUENCE OF EVENTS	0 1	EVENTS
--------------------	-----	--------

1 2 0	1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-JACKKNIFE 5-CARGO / EQUIPMENT LOSS OR SHIFT	6-EQUIPMENT FAILURE 7-SEPARATION OF UNITS 8-RAN OFF ROAD RIGHT 9-RAN OFF ROAD LEFT 10-CROSS MEDIAN	11-CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12-DOWNSHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE	16-RAILWAY VEHICLE 17-ANIMAL - FARM 18-ANIMAL - DEER 19-ANIMAL - OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	22-WORK ZONE MAINTENANCE EQUIPMENT 23-STRIKED BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOBILE OBJECT
-------	---	---	--	--	---

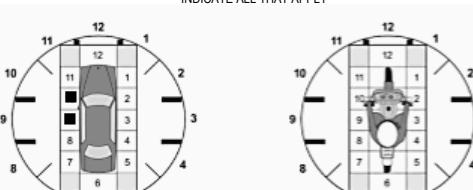
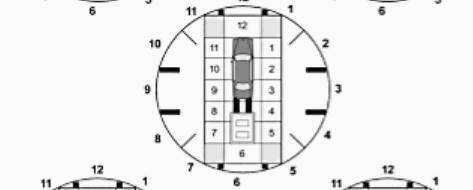
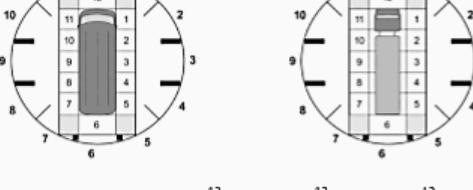
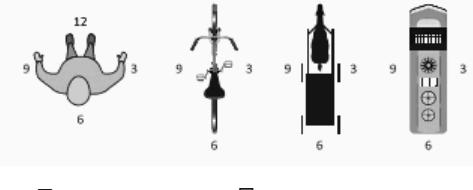
3	COLLISION WITH FIXED OBJECT - STRUCK
---	--------------------------------------

4	25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE	31-GUARDRAIL END 32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER 34-MEDIAN GUARDRAIL 35-MEDIAN CONCRETE BARRIER	37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT/ILLUMINARIES SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE OR SUPPORT 42-CULVERT	43-CURB 44-DITCH 45-EMBANKMENT 46-FENCE 47-MAILBOX 48-TREE 49-FIRE HYDRANT	50-WORKZONE MAINTENANCE EQUIPMENT 51-WALL 52-BUILDING 53-TUNNEL 54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN
---	--	--	--	--	--

5	1	1-FIRST HARMFUL EVENT	1-MOST HARMFUL EVENT
---	---	-----------------------	----------------------

LOCAL REPORT NUMBER
2 0 2 6 0 1 2 6

DAMAGE		
DAMAGE SCALE		
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

DAMAGED AREA(S) INDICATE ALL THAT APPLY	
   	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	

INITIAL POINT OF CONTACT		
1 0	0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP	14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN

TRAFFIC		
2	TRAFFICWAY FLOW 1-ONE WAY 2-TWO WAY	TRAFFIC CONTROL 1-ROUNDABOUT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL
3	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1-NOT INVOLVED 2-INVOLVED - ACTIVE CROSSING 3-INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION		
4	1-NORTH 2-SOUTH 3-EAST 4-WEST	5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER / UNKNOWN

UNIT SPEED	
2 0	DETECTED SPEED
1	1-STATE/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED
3 5	POSTED SPEED



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 2 6

M O T O R I S T / N O N - M O T O R I S T	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER						
	0 1	WHITE	TIFFANY	MONIQUE	0 5 0 5 1 9 8 1	4 4	F									
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE					
13605 WOLF AVE GARFIELD HTS OH 44125																
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET []		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE []		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE []		OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		DRUG TEST(S) RESULT SELECT UP TO 4		
M O T O R I S T / N O N - M O T O R I S T		UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER					
0 2		BENNETTE	MARY	L						0 8 1 8 1 9 6 3	6 2	F				
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE					
25400 ROCKSIDE RD A325 BEDFORD HTS OH 44146																
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET []		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE []		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE []		OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		DRUG TEST(S) RESULT SELECT UP TO 4		
M O T O R I S T / N O N - M O T O R I S T		UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE					
INJURIES []		INJURED TAKEN BY []		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED []		DOT-COMPLIANT MC HELMET []		SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []	
OL STATE []		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS []		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY []		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION []		ALCOHOL TEST STATUS [] TYPE [] VALUE []		DRUG TEST(S) RESULT SELECT UP TO 4		
INJURIES											SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN								
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED								
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO - D)	4 - FARM WAIVER	4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN								
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN									
	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS										
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT DEPLOYED		7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE										
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE		8 - DEPLOYED MIDDLE		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE										
2 - EMS	9 - THIRD - RIGHT SIDE		9 - DEPLOYED RIGHT SIDE		9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER										
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB		10 - NOT DEPLOYED		10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE									
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - NOT DEPLOYED		11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD									
	12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - NOT DEPLOYED		12 - LIMITED - OTHER	12 - OTHER / UNKNOWN	3 - URINE									
	13 - TRAILING UNIT		13 - NOT DEPLOYED		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN	4 - BREATH									
	14 - RIDING ON VEHICLE EXTERIOR		14 - EXTRICATED BY MECHANICAL MEANS		14 - MILITARY VEHICLES ONLY	14 - OTHER / UNKNOWN	5 - OTHER									
	15 - NON-MOTORIST		15 - FREED BY NON-MECHANICAL MEANS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - OTHER / UNKNOWN										
	99 - OTHER / UNKNOWN		99 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR	16 - OTHER / UNKNOWN										
	TRAPPED		R - THREE-WHEEL MOTORCYCLE		17 - PROSTHETIC AID	17 - OTHER / UNKNOWN										
	18 - OTHER		S - SCHOOL BUS		18 - OTHER	18 - OTHER / UNKNOWN										
	T - DOUBLE & TRIPLE TRAILERS		T - DOUBLE & TRIPLE TRAILERS													
	X - TANKER / HAZMAT		X - TANKER / HAZMAT													
	GENDER		F - FEMALE													
	M - MALE		M - MALE													
	U - OTHER/UNKNOWN		U - OTHER/UNKNOWN													
	CONDITION		1 - APPARENTLY NORMAL													
	2 - PHYSICAL IMPAIRMENT		2 - PHYSICAL IMPAIRMENT													
	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)													
	4 - ILLNESS		4 - ILLNESS													
	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.													
	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL													
	9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN													
	DRUG TEST TYPE		1 - AMPHETAMINES													
	2 - BARBITURATES		2 - BARBITURATES													
	3 - BENZODIAZEPINES		3 - BENZODIAZEPINES													
	4 - CANNABINOIDS		4 - CANNABINOIDS													
	5 - COCAINE		5 - COCAINE													
	6 - OPIATES / OPIOIDS		6 - OPIATES / OPIOIDS													
	7 - OTHER		7 - OTHER													
	8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS													



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 1 2 6

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE GRIFFIN BRAXTEN				DATE OF BIRTH 0 5 2 0 2 0 1 8	AGE 7	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 25400 ROCKDIDE RD A325 BEDFORD HTS OH 44146				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 5		INJURED TAKEN BY _____	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE TIMMONS TEAIRA				DATE OF BIRTH 0 3 0 7 1 9 8 3	AGE 4 2	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 25400 ROCKSIDE RD A325 BEDFORD HTS OH 44146				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 5		INJURED TAKEN BY _____	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # _____	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES _____		INJURED TAKEN BY _____	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT USED _____	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION _____	AIR BAG USAGE _____	EJECTION _____	TRAPPED _____
OCCUPANT	UNIT # _____	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY			_____		_____		EJECTION			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			_____		_____		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER			_____		_____		TRAPPED			
F - FEMALE M - MALE U - OTHER/UNKNOWN			_____		_____		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			

WITNESS	NAME: LAST, FIRST, MIDDLE _____				DATE OF BIRTH _____	AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP _____				CONTACT PHONE - INCLUDE AREA CODE _____		
WITNESS	NAME: LAST, FIRST, MIDDLE _____				DATE OF BIRTH _____	AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP _____				CONTACT PHONE - INCLUDE AREA CODE _____		
WITNESS	NAME: LAST, FIRST, MIDDLE _____				DATE OF BIRTH _____	AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP _____				CONTACT PHONE - INCLUDE AREA CODE _____		